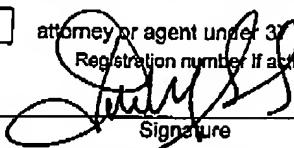


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PTO/SB/22 (06-09)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 58369(71699)
Application Number	10/635,241-Conf. #6657	Filed August 5, 2003
<b>For SYSTEM, SOFTWARE, AND METHODS FOR BIOMARKER IDENTIFICATION</b>		
Art Unit 1631	Examiner M. I. Miller	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<b>Fee</b> \$130 \$490 \$1110 \$1730 \$2350	<b>Small Entity Fee</b> \$65 \$245 \$555 \$865 \$1175
<b>\$ 1175.00</b>		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .		
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,624</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
 <b>Signature</b>		<u>July 16, 2009</u> <b>Date</b>
<u>Jonathan M. Sparks, Ph.D.</u> <b>Typed or printed name</b>		<u>(617) 517-5543</u> <b>Telephone Number</b>
<b>NOTE:</b> Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

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